

Issue Classification				Application No.		Applicant(s)	
				09/856,162		SAWADA ET AL.	
				Examiner		Art Unit	
				Melanie D. Bissett		1711	

ORIGINAL				CROSS REFERENCE(S)																																																																																																																																																																																																																																																																																																																																																																																																																															
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428		424.8		428		424.2	1.1	1.31	1.55																																																																																																																																																																																																																																																																																																																																																																																																																										
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Melanie Bissett 6/29/04 (Assistant Examiner) (Date)				Signature 07/02/04				Total Claims Allowed: 9																																																																																																																																																																																																																																																																																																																																																																																																																											
Farmer 7/02/04 (Legal Instruments Examiner) (Date)				Signature 07/02/04 Siam A. Acosta (Primary Examiner) (Date)				O.G. Print Claim(s)		O.G. Print Fig.																																																																																																																																																																																																																																																																																																																																																																																																																									
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<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
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	4	34	64	94	124	154	184
4	5	35	65	95	125	155	185
	6	36	66	96	126	156	186
	7	37	67	97	127	157	187
	8	38	68	98	128	158	188
2	9	39	69	99	129	159	189
3	10	40	70	100	130	160	190
5	11	41	71	101	131	161	191
6	12	42	72	102	132	162	192
7	13	43	73	103	133	163	193
	14	44	74	104	134	164	194
	15	45	75	105	135	165	195
	16	46	76	106	136	166	196
	17	47	77	107	137	167	197
	18	48	78	108	138	168	198
8	19	49	79	109	139	169	199
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	22	52	82	112	142	172	202
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	24	54	84	114	144	174	204
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	26	56	86	116	146	176	206
	27	57	87	117	147	177	207
	28	58	88	118	148	178	208
	29	59	89	119	149	179	209
	30	60	90	120	150	180	210